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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE* *mt*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* *mt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Initials</i> Initials	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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## TITLE

Arm pillow for holding a child

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